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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
UHAN, INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Jul 1/7/21

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: UHANE, INC

ARTICLE II PRINCIPAL OFFICEPrincipal ~~street~~ address

321 NE 26 ST.

STE#804

MIAMI, FL 33137

Mailing address, if different is:

321 NE 26 ST.

STE#804

MIAMI, FL 33137

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: P: MARINES E. MOLY

Address

321 NE 26 ST.

STE#804

MIAMI, FL 33137

Name and Title: VP: ELBA H. CHAVEZ M.

Address:

321 NE 26 ST.

STE#804

MIAMI, FL 33137

Name and Title: S: LIZETH J. RODRIGUEZ V.

Address

321 NE 26 ST.

STE#804

MIAMI, FL 33137

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

2021 JAN - 6 PM 1:44
LAZARUS CORPORATION

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MARINES E. MOLY
Address: 321 NE 26 ST. STE#804
MIAMI, FL 33137

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARINES E. MOLY
Address: 321 NE 26 ST. STE#804
MIAMI, FL 33137

ARTICLE VIII EFFECTIVE DATE: 01/05/2021 (OPTIONAL)

Effective date, if other than the date of filing: _____
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

X _____
Required Signature/Registered Agent

01/05/2021

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

X _____
Required Signature/Incorporator

01/05/2021

Date

FILED
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MIAMI, FL 33137